FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 8:57

DOCUMENT # P94000074287 (1)

1. Corporation Name
ALLIED MARKETING ASSOCIATES, INC.

Principal Place of Business: 8910 NORTH DALE MABRY HIGHWAY STE. 18, TAMPA FL 33614

Mailing Address: 8910 NORTH DALE MABRY HIGHWAY STE. 18, TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: N/A
4. FEI Number: 04-2813137 — Applied For / Not Applicable
5. Certificate of Status Desired ✓ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business / 2a. Mailing Address (blank)

9. **Name and Address of Current Registered Agent**
LOURIE, BARBARA R
8910 NORTH DALE MABRY HIGHWAY STE. 18
TAMPA FL 33614

10. **Name and Address of New Registered Agent**
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	LOURIE, BARBARA R	8910 NORTH DALE MABRY HIGHWAY STE. 18	TAMPA FL 33614
D	LOURIE, JAMES H	8910 NORTH DALE MABRY HIGHWAY STE. 18	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Lourie — Barbara Lourie — 1/9/95 — 813-935-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0208577 CP